

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED****To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

1. (a) Name of Individual, Organization or Corporation DEFENDERS OF WILDLIFE ACTION FUND		3. FEC Identification Number C C90007907
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1130 17TH ST NW		
(c) City, State and ZIP Code WASHINGTON DC 20036		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report ☐ 24-Hour Notice ☒ 48-Hour Notice
- ☐ July 15 Quarterly Report
- ☐ October Quarterly Report
- ☐ January 31 Year-End Report

(b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

M	M
0	9

 /

D	D
1	7

 /

Y	Y	Y	Y
2	0	0	8

THROUGH

M	M
0	9

 /

D	D
1	8

 /

Y	Y	Y	Y
2	0	0	8

6. TOTAL CONTRIBUTIONS

.00

7. TOTAL INDEPENDENT EXPENDITURES.....

586.18

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

William Lutz

09/22/2008

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

DEFENDERS OF WILDLIFE ACTION FUND

Full Name (Last, First, Middle Initial) of Payee
Target

Date

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 8

Mailing Address

11120 Lomas Blvd NE

Amount

14.92

City

Albuquerque

State

NM

Zip Code

87112

Purpose of Expenditure
paper towelsCategory/
Type

Office Sought:

☐ House

State: NM

Senate

☒ Senate

District: _____

☐ President

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Steve PearceDisbursement For:
2008☐ Primary☒ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

249.35

Full Name (Last, First, Middle Initial) of Payee
Mario's Restaurant

Date

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 8

Mailing Address

2401 San Pedro Dr NE

Amount

64.69

City

Albuquerque

State

NM

Zip Code

87102

Purpose of Expenditure
pizza for canvassersCategory/
Type

Office Sought:

☐ House

State: NM

Senate

☒ Senate

District: _____

☐ President

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Steve PearceDisbursement For:
2008☐ Primary☒ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

702.73

Full Name (Last, First, Middle Initial) of Payee
Jesse Lifton

Date

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 8

Mailing Address

1600 San Pedro DR NE

Amount

7.02

City

Albuquerque

State

NM

Zip Code

87102

Purpose of Expenditure
mileageCategory/
Type

Office Sought:

☐ House

State: NM

Senate

☒ Senate

District: _____

☐ President

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Steve PearceDisbursement For:
2008☐ Primary☒ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

7576.37

(a) SUBTOTAL of Itemized Independent Expenditures

86.63

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **3 / 3**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

DEFENDERS OF WILDLIFE ACTION FUND

Full Name (Last, First, Middle Initial) of Payee
PNM

Date

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 8Mailing Address
PO Box 349

Amount

366.51

City
AlbuquerqueState
NMZip Code
87103Purpose of Expenditure
gasCategory/
Type

Office Sought:

☐ House

State: NM

Senate

☒ Senate

District: _____

☐ President

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Steve PearceDisbursement For:
2008☐ Primary☒ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

929.93

Full Name (Last, First, Middle Initial) of Payee
Mario's Restaurant

Date

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 0 8Mailing Address
2401 San Pedro Dr NE

Amount

119.12

City
AlbuquerqueState
NMZip Code
87102Purpose of Expenditure
pizza for canvassersCategory/
Type

Office Sought:

☐ House

State: NM

Senate

☒ Senate

District: _____

☐ President

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Steve PearceDisbursement For:
2008☐ Primary☒ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

702.73

Full Name (Last, First, Middle Initial) of Payee
Sisy Garcia

Date

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 0 8Mailing Address
204 Valencia Dr NE

Amount

13.92

City
AlbuquerqueState
NMZip Code
87108Purpose of Expenditure
mileageCategory/
Type

Office Sought:

☐ House

State: NM

Senate

☒ Senate

District: _____

☐ President

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Steve PearceDisbursement For:
2008☐ Primary☒ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

3275.11

(a) **SUBTOTAL** of Itemized Independent Expenditures

499.55

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

586.18